
(Assistant Examiner) (Date)

S. [Signature]
(Legal Instruments Examiner) 12/8/05
(Date)

PRIMARY EXAMINER

(Primary Examiner): _____ (Date) 12/08/05

Total Claims Allowed: 20

O.G.
Print Claim(s)

O.G.
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47					
Final	Original	Final	Original	Final	Original	Final	Original				
1	1		31		61		121		151		181
2	2		32		62		122		152		182
3	3		33		63		123		153		183
4	4		34		64		124		154		184
5	5		35		65		125		155		185
6	6		36		66		126		156		186
7	7		37		67		127		157		187
8	8		38		68		128		158		188
9	9		39		69		129		159		189
10	10		40		70		130		160		190
11	11		41		71		131		161		191
12	12		42		72		132		162		192
13	13		43		73		133		163		193
14	14		44		74		134		164		194
15	15		45		75		135		165		195
16	16		46		76		136		166		196
17	17		47		77		137		167		197
18	18		48		78		138		168		198
19	19		49		79		139		169		199
20	20		50		80		140		170		200
	21		51		81		141		171		201
	22		52		82		142		172		202
	23		53		83		143		173		203
	24		54		84		144		174		204
	25		55		85		145		175		205
	26		56		86		146		176		206
	27		57		87		147		177		207
	28		58		88		148		178		208
	29		59		89		149		179		209
	30		60		90		150		180		210